

**Model questions (ECONOMY-Maternal and Child Care) based on
TELANGANA SOCIO-ECONOMIC OUTLOOK 2022
STUDY MATERIAL FOR UPSC CIVIL SERVICES /
TSPSC GROUP I & Group 4 ;
TSLPRB SUB-INSPECTOR /CONSTABLE
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For Study purpose
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MATERNAL AND CHILD CARE

1)Over the last decade, the MMR in Telangana has fallen by 43%, from 110 in 2010-12 to 63 in 2016-18.

Question: MMR : Maternal Mortality Rate in 2016-18 fallen to how much ?

Ans : 63

2) Infant mortality rate (IMR) dropped from 27.7 to 26.4 (per 1000 live births) between National Family Health Surveys NFHS-4 (2015-16) and NFHS-5 (2019-20) respectively.

Question: IMR dropped to how much in NFHS-5 (2019-20) ?

Ans : 26.4 (per 1000 live births)

3)Institutional births improved from 91.5% to 97% between NFHS4 and NFHS 5, and births in government hospitals improved from 30.5% to 49.7% between the two survey periods.

Question : Institutional births improved to how much between NFHS4 and NFHS 5 ?

Ans : 97%

Question: Births in government hospitals improved to how much between NFHS 4 and NFHS 5 ?

Ans : 49.7%

4)Vaccination rates of children in the age group of 12-23 months also improved from 79.1% in 2015-16 to 87.4% in 2019-20.

Question: Vaccination rates of children in the age group of 12 – 23 months improved to how much in 2019-20 ?

Ans : 87.4%

5)A 24/7 helpline (181) for women in distress or women facing gender based violence is functional in collaboration with GVK-EMRI. Similarly, an exclusive Helpline for Anganwadi Services- 155209 is also available.

6) Additional state funding has been allocated towards the Supplementary Nutrition Program for women and children registered at Anganwadi centers, resulting in an increase in the number of days of supplementary nutrition provisioning to beneficiaries from 25 days to _____ days for which the beneficiary receives food.

Ans : 30

7) The population of Telangana is 350.04 lakhs (*Census of India 2011*), out of which the total number of women in the reproductive age group account to over 107.8 lakhs. Children between the ages of 0-4 years total to 31.32 lakhs (Ministry of Health and Family Welfare, Govt. Of India, 2021). A report published by NITI Aayog in 2021 finds that 13.74% of the population in Telangana is living in multidimensional poverty. Evidence shows that poverty is a proximate determinant of malnutrition through inadequate dietary intake, lack of medical care, lack of access to hygiene and sanitation, and poor environment (Panda et al., 2020,). Therefore, a key public health goal of Telangana is to improve maternal and child health & nutrition given the volume of people who require adequate health and nutrition services among women and children.

Question: The population of Telangana is how many ?(as per Census of India 2011)

Ans : 350.4 lakhs

Question: Total number of women in the reproductive age group account to how many ?

Ans : over 107.8 lakhs

Question: Children between the ages of 0 – 4 years _____ (MoH&FW, GOI, 2021)

Ans : 31.32 lakhs

Question: As per report published by NITI Aayog in 2021 finds that _____ of the population in Telangana is living in multidimensional poverty

Ans : 13.74 %

Question: Evidence shows that poverty is a proximate determinant of which of the following ?

- a) malnutrition through inadequate dietary intake,
- b) lack of medical care, lack of access to hygiene and sanitation, and
- c) poor environment
- d) All the above

Ans : d

8) The Telangana Government runs various welfare programs and schemes to safeguard the basic health and nutrition needs of children, adolescent girls, and women. Maternal and Child Health programs are considered to be most effective when adopted a life cycle approach due to the intergenerational effects of health and nutrition. This includes access to good nutrition, detection and prevention of malnourishment and offering timely institutional support and access to all citizens. The health of a mother reflects the health of a child, where the health of the mother is often determined by the health prior to her pregnancy, during her pregnancy and after the pregnancy. Thus, the scope of health and nutrition programs cover children up to the age of 6 years, adolescent girls, pregnant and lactating women to take care of prenatal, antenatal and postnatal needs.

Question: The Telangana Government runs various welfare programs and schemes to safeguard the basic health and nutrition needs of whom ?

- a) children,
- b) adolescent girls,
- c) women
- d) All the above

And: d

Question: Maternal and Child Health programs are considered to be most effective when adopted a life cycle approach due to the intergenerational effects of health and nutrition. This includes which of the following ?

- a)access to good nutrition,
- b)detection and prevention of malnourishment and
- c)offering timely institutional support and access to all citizens.
- d)All the above

Ans : d

Question: The health of a mother reflects the health of a child, where the health of the mother is often determined by the health_____ .

- a)prior to her pregnancy,
- b)during her pregnancy and
- c)after the pregnancy
- d)All the above

Ans : d

Question: Thus, the scope of health and nutrition programs cover _____.

- a)children up to the age of 6 years,
- b)adolescent girls,
- c)pregnant and lactating women to take care of prenatal, antenatal and postnatal needs.
- d)All the above

Ans : d

There are 35,700 Anganwadi Centers (AWCs) across all districts in the State under 149 ICDS projects. Presently, the coverage of beneficiaries of the AWCs stands over 22.00 lakhs. The interventions cater to the needs of the children from the time of birth to six years of age, adolescent girls and pregnant women and lactating mothers through supply and distribution of food and micronutrients, early childhood development and education and counseling services. Similarly on the health front, during 2021-22 upto November 2021, over 7.95 lakh women benefited from the Amma Vodi scheme and around 1.5 lakh pregnant women benefited from KCR Kits, two flagship schemes targeting maternal health and wellbeing by offering institutional support.

Question: How many Anganwadi Centers (AWCs) are in Telangana State across all districts under 149 ICDS projects ?

Ans : 35,700

Question: Presently, the coverage of beneficiaries of the AWCs stands over _____

Ans : 22.00 lakhs.

Question: The interventions cater to the needs of the children from the time of birth to six years of age, adolescent girls and pregnant women and lactating mothers through which of the following ?

- a)supply and distribution of food and micronutrients,
- b)early childhood development and
- c)education and counseling services
- d)All the above

Ans : d

Question : Similarly on the health front, during 2021-22 upto November 2021, which of the following is correct ?

- a)over 7.95 lakh women benefited from the Amma Vodi scheme and
- b)around 1.5 lakh pregnant women benefited from KCR Kits, two flagship schemes targeting maternal health and wellbeing by offering institutional support.
- c)Both (a) & (b)
- d)None of these

Ans : c

Apart from these, there are other programs targeting various aspects of health and nutrition among the different beneficiary groups. This chapter also reviews the outcomes of various health and nutrition indicators and corresponds the achievements to initiatives and programs implemented by the state government. It also mentions a few innovative approaches adopted by the state government to solve some of the challenges pertaining to optimal health and nutrition of the relevant population.

Question: Women of reproductive age are considered to be women between the ages of _____ years according to the World Health Organisation. For all official purposes, interventions and measurements, this is the age group that is considered. FHS data also considers the same age group for its classifications and statistics on women.
Ans : 15-49

Question: According to World Health Organisation, which is considered as reproductive age for women ?
Ans : Between the age of 15 and 49 years

Maternal Health and Nutrition

Access to institutional and quality maternal healthcare is extremely important to prevent diseases, morbidity, mortality and reduce high risk pregnancies which lead to preterm births (Addisse, 2003). Nutritional problems of pregnant women are also a concern area as nutritional deficiencies often lead to complications in pregnancy. Research also indicates that deficiencies carry forward to the child that is to be born. For example, maternal anaemia along with other factors such as educational

status and household wealth is said to be strongly correlated to child anaemia where severe anemia in mothers also impacts negatively on breast milk iron content leading to nutritional deficiency in the child (Onyenheo et al., 2019), and antenatal anemia impacts on weight at birth and premature deliveries, a major risk factor in childhood anemia (Wharton, 2002). Recognising the importance of maternal health and nutrition, the Government of Telangana strives towards providing comprehensive, promotive, preventive, curative and rehabilitative services for mothers and children all led to improved maternal outcomes.

Question: Access to institutional and quality maternal healthcare is extremely important to prevent Which of the following ?

- a) diseases,
- b) morbidity,
- c) mortality and reduce high risk pregnancies which lead to preterm births.
- d) All the above

Ans : d

Question: Nutritional problems of pregnant women are also a concern area as nutritional deficiencies often lead to complications in pregnancy. For example, maternal anaemia along with other factors such as educational status and household wealth is _____.

- a) said to be strongly correlated to child anaemia where severe anemia in mothers also impacts negatively on breast milk iron content leading to nutritional deficiency in the child
- b) antenatal anemia impacts on weight at birth and premature deliveries, a major risk factor in childhood anemia
- c) Both (a) & b)
- d) None of these

Ans : c

Maternal Health Outcomes

Question: The Telangana state has witnessed considerable improvement across major determinants of maternal health such as what ?

- a) access to antenatal,
- b) postnatal services,
- c) nutritional services, immunization, transportation services, etc.
- d) All the above

Ans : d

Three key outcomes that have improved as a result of improvement in these major determinants are discussed below.

Maternal Mortality Ratio (MMR)

The Maternal Mortality Ratio in the state has been consistently declining as evidenced by NFHS reports. MMR measures the number of maternal deaths that happen during childbirth or within 42 days of the same, for every 1,00,000 live births in the population. Over the last decade, the MMR has fallen by 43%, from 110 in 2010-12 to 63 in 2016- 18 . Telangana has already achieved the Sustainable Development Goal (SDG) target of reaching an MMR below 70 by 2030. Telangana has the fourth lowest MMR among the 18 Non-Special Category states of the country and it has the third lowest MMR among the states whose Per Capita Income(PCI) is comparable to that of Telangana.

Question: Maternal Mortality Ratio (MMR) measures what ?

Ans: MMR measures the number of maternal deaths that happen during childbirth or within 42 days of the same, for every 1,00,000 live births in the population

Question: Over the last decade, the MMR has fallen by 43%, from 110 in 2010-12 to _____ in 2016- 18

Ans : 63

Institutional Care

Improving access to institutional care is vital in reducing infant and maternal mortality, and in treating complications that may arise during delivery. During 2019-20, over 88.5% mothers received an ante-natal checkup within the first trimester of their pregnancy. According to the NFHS-5 (2019-20), almost 97% of children had an institutional birth, up from 91.5% as against NFHS-4 (2015-16). 96.7% of mothers received a Mother and Child Protection Card during pregnancy as per NFHS-5. The out-of pocket expenditure on pregnancy has gone down in the state, from Rs.4,218 in 2015-16 to Rs.3,846 in 2019-20 implying a reduction in the financial burden of beneficiaries accessing the delivery services. A combination of government schemes like Amma Vodi and KCR Kits along with post natal support at hospitals have led to the improvement of institutional parameters of child delivery in Telangana.

Question: What is important is in reducing infant and maternal mortality, and in treating complications that may arise during delivery?

Ans : Improving access to institutional care

Question: According to the NFHS-5 (2019-20), almost _____of children had an institutional birth, up from 91.5% as against NFHS-4 (2015-16).

Ans : 97%

Question: The out-of pocket expenditure on pregnancy has gone down in the state, from Rs.4,218 in 2015-16 to _____ in 2019-20 implying a reduction in the financial burden of beneficiaries accessing the delivery services.

Ans : Rs.3,846

Question: A combination of government schemes like _____ along with post natal support at hospitals have led to the improvement of institutional parameters of child delivery in Telangana.

Ans: Amma Vodi and KCR Kits

Anaemia Levels

As per NFHS-5 over 57% of Indian women are anaemic. Telangana stands at the national average where 57.6% of women between 15-49 years were anaemic at the time of survey for NFHS-5. Among pregnant women, 53.2% women were anaemic in the state. Anaemia decreases the woman's reserve to tolerate bleeding either during or after child birth and makes her prone to infections. Anaemia during pregnancy also has been associated with increased risk of intrauterine growth restriction, premature delivery, low birth weight (LBW), and maternal and child mortality. There are many causes of anaemia,

out of which iron deficiency accounts for about 50 percent cases of anaemia in school children and among women of reproductive age-group. Thus, the government has introduced measures and schemes to address the issue of anemia among women that are caused by iron deficiency by supplying Iron Folic Acid tablets and running various awareness campaigns under Anaemia Mukh Bharat and POSHAN Abhiyaan. Over 63% of women in Telangana consumed IFA tablets for more than 100 days during their pregnancy in 2020-21. This is a significant improvement from 2015-16, when only 52.7% women consumed these tablets.

Question: As per NFHS-5 over _____ of Indian women are anaemic.

Ans : 57%

Question: Telangana stands at the national average where _____ of women between 15-49 years were anaemic at the time of survey for NFHS-5.

Ans: 57.6%

Question: Which of the following is correct about Anaemia ?

- a) Anaemia decreases the woman's reserve to tolerate bleeding either during or after child birth and makes her prone to infections.
- b) Anaemia during pregnancy also has been associated with increased risk of intrauterine growth restriction, premature delivery, low birth weight (LBW), and maternal and child mortality
- c) Both (a) & b)
- d) None of these

Ans : c

Question: What are the causes of anaemia among women ?

- a) iron deficiency accounts for about 50 percent cases of anaemia in school children and among women of reproductive age-group.
- b) There are many causes of anaemia
- c) Both (a) & (b)
- d) None of these

Ans : c

Question: Government has introduced measures and schemes to address the issue of anemia among women that are caused by iron deficiency by supplying _____ and running various awareness campaigns under Anaemia Mukh Bharat and POSHAN Abhiyaan.

Ans : Iron and Folic Acid tablets

Question: Which schemes are there for addressing the issue of anaemia among women ?

- a) Anaemia Mukh Bharat
- b) POSHAN Abhiyaan
- c) Both (a) & (b)
- d) None of these

Ans : c

Question: Over 63% of women in Telangana consumed Iron and Folic Acid (IFA) tablets for more than _____ days during their pregnancy in 2020-21

Ans : 100

Question: Iron and Folic Acid (IFA) medicine tables are given to treat which medical problem among pregnant women ?

Ans : Anaemia (Iron deficiency)

Maternal Health and Nutritional Outcomes

As maternal health is a multi-faceted concern, various schemes and programs are being implemented in the State to improve maternal health and nutritional outcomes.

Amma Vodi

Amma Vodi, is an exclusive ambulance service launched by the State Government in 2018. It provides free to-and-fro transport facilities to pregnant women for regular checkups, for delivery, and post delivery for immunisation and other healthcare needs of the newborn and lactating mothers. 300 vehicles are operating across 33 districts under the scheme through the 102-Helpline. During 2020-21, about 10.85 lakh beneficiaries have availed the service and about 7.95 lakh beneficiaries have availed the service till November 2021.

Question: What is Amma Vodi ?

Ans : Amma Vodi is an exclusive ambulance service

Question: When Amma Vodi introduced ?

Ans : 2018

Question: Amma Vodi provides what ?

Ans : It provides free to-and-fro transport facilities to pregnant women for regular checkups, for delivery, and post delivery for immunisation and other healthcare needs of the newborn and lactating mothers.

Question: Amma Vodi is through which helpline ?

Ans : 102 – Helpline

KCR Kit

KCR Kit is one of the most successful schemes launched by the state Government in 2017 to ensure maternal and child health by promoting institutional deliveries. Under the scheme the mother is provided with financial assistance of ₹12,000 (₹13,000 for a girl child) to compensate for the loss of wages by the women during the pregnancy and postnatal period. After delivery, the mother is provided with a kit consisting of 15 items (clothes, quality baby soaps, baby oil, baby powder, mosquito nets, toys, napkins, and diapers) necessary to keep newborn babies (neonates) warm and hygienic. Between April '20 and March'21, about 2.1 lakh KCR Kits were distributed to beneficiaries and in 2021-22 about 1.5 lakh kits have been distributed between April'21 - Nov '21.

Since the launch of the scheme in 2017, the percentage of institutional deliveries in public hospitals have increased. Between 2015-16 and 2019-20, there was a near doubling of pregnancies being delivered at public facilities, from 30.5% to 49.7%. These deliveries were less likely to be caesarean deliveries, lowering the health risks and the costs of carrying out the operation. The state also witnessed a reduction in IMR and MMR post launch of the scheme.

ANC Visits

As per the National Health Mission's maternal health guidelines, at least 4 antenatal check-ups are essential for pregnant women during the entire pregnancy period. The 102 Referral Transport Service (Amma Vodi-free ambulance transport service) is catering towards the transportational needs of pregnant women for availing ANC services.

The Percentage of mothers who had an antenatal check-up in the first trimester increased from 83% as per NFHS-4 to 88.5% as per NFHS-5. In the same period, the percentage of registered pregnancies for which the mothers received a Mother and Child Protection Card also increased from 89% to 96.7%.

Question: KCR Kit scheme launched by Telangana Government when ?

Ans : 2017

Question:

KCR Kit is one of the most successful schemes launched by the state Government in 2017 to ensure maternal and child health by promoting institutional deliveries. Under the scheme what is provided ?

- a) the mother is provided with financial assistance of ₹12,000 (₹13,000 for a girl child) to compensate for the loss of wages by the women during the pregnancy and postnatal period.
- b) After delivery, the mother is provided with a kit consisting of 15 items (clothes, quality baby soaps, baby oil, baby powder, mosquito nets, toys, napkins, and diapers) necessary to keep newborn babies (neonates) warm and hygienic
- c) Both (a) & b)
- d) None of these

Ans : c

Question: Mother is provided with financial assistance of how much in case of girl child , to compensate for the loss of wages by the women during the pregnancy and postnatal period ?

Ans : Rs.13,000/-

Question: After the delivery, the mother is provided with a kit consisting of 15 items . what are they ?

Ans : Clothes, quality baby soaps, baby oil, baby powder, mosquito nets, toys, napkins, and diapers, necessary to keep newborn babies (neonates) warm and hygienic

Question: Between 2015-16 and 2019-20, there was a near doubling of pregnancies being delivered at public facilities, from 30.5% to _____.

Ans : 49.7%

Question: As per the National Health Mission's maternal health guidelines, at least _____ antenatal check-ups are essential for pregnant women during the entire pregnancy period.

Ans : 4

Question: The 102 Referral Transport Service (_____) is catering towards the transportational needs of pregnant women for availing ANC services.

Ans : Amma Vodi-free ambulance transport service

Question: The Percentage of mothers who had an antenatal check-up in the first trimester increased from 83% as per NFHS-4 to _____ as per NFHS-5. In the same period, the percentage of registered pregnancies for which the mothers received a Mother and Child Protection Card also increased from 89% to 96.7%.

Ans : 88.5%

Anaemia Mukh Bharat

Government of India launched a program to tackle anaemia called Anaemia Mukh Bharat (AMB) which targets to reduce anaemia in women, children and adolescents through a lifecycle approach. In terms of maternal health, the number of ante-natal visits play an important role in anaemia detection and treatment. As per the quarterly report in Anaemia Mukh Bharat's dashboard for Q4 of 2021, the state ranks 5th in the country with 95% of pregnant women (PW) receiving 180 Iron and Folic Acid (IFA) tablets. Among the 33 districts, except 5 (Warangal Urban (88.5%), Mahabubabad (87.9%), Sangareddy (84%), Rangareddy (81.2%) and Warangal Rural (63%)) over 90% of pregnant women (PW) in the state have been given 180 Iron and Folic Acid (IFA) tablets.

Question: Who Launched Anaemia Mukh Bharat programme ?

Ans : Government of India

Question: Anaemia Mukh Bharat (AMB) targets what ?

Ans : To reduce anaemia in women, children and adolescents through a lifecycle approach

Question: In terms of maternal health, which play an important role in anaemia detection and treatment ?

Ans : The number of ante-natal visits

Question: Among the 33 districts, over 90% of pregnant women (PW) in the state have been given 180 Iron and Folic Acid (IFA) tablets except which districts?

- a) Warangal Urban (88.5%), Mahabubabad (87.9%),
b) Sangareddy (84%), Rangareddy (81.2%)

- c) Warangal Rural (63%)
 - d) All the above 5 districts
- Ans : d

Aarogya Lakshmi Scheme :

Aarogya Lakshmi scheme provides nutritious and healthy meals to all pregnant and lactating mothers registered in Anganwadi Centres. The funding for this scheme as per Government of India norms is a 50:50 split between the Central and State Government.

However, in the interest of women's health and welfare, the Government of Telangana has enhanced the rates by providing an additional allocation of Rs. 14 per beneficiary per day to the existing GOI cost norms. This has increased the number of days the beneficiaries receive milk and eggs from 25 to 30. Under this scheme, all pregnant and lactating mothers get one full nutritious meal (containing rice, dal, green leafy vegetables) for 25 days and 200 ml milk and one egg for 30 days each month. Along with this, they are also administered Iron and Folic Acid tablets for 100 days during pregnancy. As the Anganwadi centres were closed during the lockdown due to COVID-19, supplementary nutrition was given through take home ration (THR), ensuring beneficiaries' nutrition is not compromised. In addition to the meal, the pregnant mothers are also administered IFA supplementation every day. The IFA tablets are offered on-site, so that the mothers do not forget to take them alongside their meals. In 2021-22 the scheme benefited over 22,00,346 pregnant, lactating women and children in the age group of 7 months to 6 years (covered under Balamrutham and Supplementary Nutrition Programme). The pandemic year 2020-21 witnessed an enhanced coverage of 18.24% beneficiaries indicating effective outreach of the Government to the last mile mother and child in need .

Question: Aarogya Lakshmi scheme provides what ?

Ans : Nutritious and healthy meals to all pregnant and lactating mothers registered in Anganwadi Centres.

Question: The funding for this scheme as per Government of India norms is a 50:50 split between the _____ and State Government.

Ans : Central

Question: Under Aarogya Lakshmi scheme, all pregnant and lactating mothers get one full nutritious meal (containing rice, dal, green leafy vegetables) for ____ days and 200 ml milk and one egg for 30 days each month.

Ans : 25

Question: As the Anganwadi centres were closed during the lockdown due to COVID-19, supplementary nutrition was given through _____, ensuring beneficiaries' nutrition is not compromised

Ans : take home ration (THR)

Question: In 2021-22 the Aarogya Lakshmi scheme benefited over _____ pregnant, lactating women and children in the age group of 7 months to 6 years (covered under Balamrutham and Supplementary Nutrition Programme).

Ans : 22,00,346

Home Visits and Counseling (Intintiki Anganwadi)

Home visits for counseling beneficiaries are a part of the ICDS services. The Intintiki Anganwadi Book serves as a guide and an educational resource for nutritional counseling on topics such as dietary practices, household practices, health precautions and actions, and hygiene and sanitation.

During the lockdown, Anganwadi Teachers counseled pregnant and lactating women over phone or during the time when they came to collect Take-Home-Ration (THR). In emergency cases, Anganwadi Teachers visited the homes of pregnant women.

Question: Which are part of the ICDS services ?

Ans : Home visits for counseling beneficiaries

Question: The Intintiki Anganwadi Book serves as a guide and an educational resource for nutritional counseling on topics such as what ?

- a) dietary practices,
- b) household practices,
- c) health precautions and actions, and hygiene and sanitation
- d) All the above

Ans : d

Child Health and Nutrition

Children aged between 0-6 years constitute around 11.14% of Telangana's population. This demographic is vital and of great importance to the state, as securing access to essential health, nutrition and education to all children enables a more equitable future wherein the citizens' participation in the economy and their productivity are maximised as an outcome of good health, nutrition and education. In cognisance, the Government of Telangana has strategically focused on child-centric investments in health, nutrition and early childhood education.

An assessment of these public provisions indicate a positive trend towards improved child health outcomes, reduction in malnutrition and improved access to early childhood education.

Question: Children aged between 0-6 years constitute around _____ of Telangana's population

Ans : 11.14%

Question: Government of Telangana has strategically focused on child-centric investments in _____.

- a) health,
- b) nutrition
- c) early childhood education
- d) All the above

Ans : d

Child Health and Nutritional Outcomes

Health Outcomes

The Telangana state has witnessed considerable improvement across major determinants of Child Health such as access to neonatal services, nutritional services, immunization, IFA supplementation etc. The Government is also making efforts towards institutionalising convergence and digital governance to improve outcomes. As a result, child health outcomes in the areas of Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR), Under Five Mortality Rate (U5MR) and Immunisation coverage have all shown improvements.

Question: The Telangana state has witnessed considerable improvement across major determinants of Child Health such as _____.

- a) access to neonatal services,
- b) nutritional services,
- c) immunization, IFA supplementation etc.
- d) All the above

Ans : d

Question: Child health outcomes in which areas have shown improvements ?

- a) Infant Mortality Rate (IMR),
- b) Neonatal Mortality Rate (NMR),
- c) Under Five Mortality Rate (U5MR) and Immunisation coverage
- d) All the above

Ans : d

Child Mortality Rate

Telangana has witnessed substantial reductions in all indicators of child mortality. The Under-5 Mortality Rate (U5MR)—defined as the number of deaths of children aged 5 or below per 1000 children—has improved from 31.7 in 2015-16 to 29.4 in 2019-20. The Neonatal Mortality Rate for the State has also declined from 20 in 2015-16 to 16.8 in 2019-20. Since the formation of the state, Telangana's Infant Mortality Rate (IMR) has declined significantly from 35 in 2014 to 23 in 2019, and remains below the national IMR of 30.

Telangana has witnessed a strong correlation between Institutional Births and Neonatal Mortality Rate. As the percentage of Institutional Births improved from 91.5% in 2015-16 to 97% in 2019-20, the Neonatal Mortality Rate saw a significant decline from 20% in 2015-16 to 16.8% in 2019-20. Better care at public hospitals and provision of KCR kits are associated with decline in NMR. It remains way below the national NMR of 24.9.

Question: What is the Under-5 Mortality Rate (U5MR) ?

Ans : U5MR is defined as the number of deaths of children aged 5 or below per 1000 children

Question: The Under-5 Mortality Rate (U5MR) has improved in Telangana from 31.7 in 2015-16 to ____ in 2019-20.

Ans: 29.4

Question: The Neonatal Mortality Rate for the Telangana State has also declined from 20 in 2015-16 to ____ in 2019-20.

Ans : 16.8

Question: Since the formation of the state, Telangana's Infant Mortality Rate (IMR) has declined significantly from 35 in 2014 to ____ in 2019, and remains below the national IMR of 30.

Ans : 23

Question: As the percentage of Institutional Births improved in Telangana from 91.5% in 2015-16 to ____ in 2019-20, the Neonatal Mortality Rate saw a significant decline from 20% in 2015-16 to 16.8% in 2019-20

Ans: 97%

Two-Worker Model for increasing child development outcomes

Early childhood education and development has a huge bearing on a child's overall development with implications on their overall life outcomes. Keeping this at the core, the ICDS intervention addresses nutrition, preschool education and counseling, among other services. However, between NFHS-4 (2015-16) and NFHS-5 (2019-20), 22 states & UTs reported an increase in child malnutrition.

Question: In addition, India's position in the Global Hunger Index 2021 slipped from 101, to ____ of 135 countries. On early childhood learning outcomes, ASER 2019's study reveals that only 21% of first-grade children are at the world level.

Ans: 116

An Anganwadi typically has a staff of two- Anganwadi Worker and Anganwadi Helper. The worker is responsible for managing all services provided at the center, spanning early childhood health, nutrition, preschool education, and administrative duties, with duties in both the center and in the broader community.

Question: An Anganwadi typically has a staff of two - _____.

Ans : Anganwadi Worker and Angawadi Helper

Question: Anganwadi Worker is responsible for what ?

Ans: Managing all services provided at the center, spanning early childhood health, nutrition, preschool education, and administrative duties, with duties in both the center and in the broader community.

Center level tasks include early childhood education, overseeing the mid day meal program, and providing nutritional supplements. Community level duties include conducting home visits to raise awareness of appropriate nutritional and health practices; monitoring children's nutritional status and providing supplemental nutrition packets to undernourished children; and coordinating with the ASHA and ANM to organize immunization camps and health check-ups for children enrolled in AWCs.

In addition, the workers have a considerable amount of administrative work and are expected to maintain as many as 14 different paper registers.

Finally, they are also frequently asked to assist with other government activities, such as surveying, managing electoral booths, and conducting awareness on public schemes in their community. Recognising this, a large scale randomized controlled experiment was conducted in Tamil Nadu which studied the impact of hiring an extra worker at the Anganwadi Centre. The intent behind this experiment was to alleviate the burden of the AWW to perform a vast scope of work under her purview and optimize the time spent on performing different tasks. In Tamil Nadu's case, the experiment primarily focused on increasing the instructional time. The existing Anganwadi Worker was relieved from teaching, giving her adequate time to focus on other health and nutrition activities.

This experiment in Tamil Nadu has demonstrated high returns on investment in terms of early childhood development outcomes on placing an additional worker at AWCs. The intervention led to (a) doubling of the overall time spent on pre-school education; (b) near-tripling of time spent on health and nutrition related tasks; (c) significant increases in the children's math and language learning levels; (d) a 34% reduction in severe malnutrition; (e) 16% reduction in the fraction of children who were stunted from a base of 29.1% over a span of 18 months. Most importantly, the intervention proved to be highly cost-effective. The present discounted value of the gains that would likely accrue to the beneficiaries from the increased learning outcomes would be 13 times the cost incurred by the government on the intervention. If the impact of nutritional improvement were to be factored in, this gain would go up to 17 to 22 times the cost of the intervention.

Question: In which state, an experiment was conducted about hiring an extra worker Anganwadi Centre ?

Ans : Tamil Nadu

Immunization

The Telangana state has seen a large increase in immunization rates. In 2015-16, 79.1% of children under the age of 2 years were fully immunized. By 2019-20 and 2020-21, the percentage of children under the age of 2 years fully immunized improved to 87.4% and 96% respectively. This has been enabled by counseling and campaigning by ASHA and Anganwadi workers to encourage parents to get their children vaccinated. From the above figure, it is clear that the State is significantly faring well in child immunisation as compared to the national performance.

Question: By 2019-20 and 2020-21, in Telangana the percentage of children under the age of 2 years fully immunized improved to 87.4% and _____ respectively.

Ans : 96%

Child Nutritional Outcomes

Documented evidence indicates that undernutrition affects physical and cognitive development of children, their quality of schooling and productivity as young adults. Telangana faces a problem called the 'triple burden' of nutrition—which is under nutrition, over nutrition (obesity) and anaemia. Government interventions have focused largely on addressing problems of under-nutrition.

Globally, there are four outcome indicators to measure undernutrition: underweight, stunting, wasting and anaemia.

In addition to these, breastfeeding practices are also a key determinant of undernutrition and child health. Keeping in view the challenges COVID-19 have posed on the nutritional status of children since 2020, the government has made significant strides in ensuring the consistency in nutritional service delivery such that child nutrition outcomes are not worsened. In the current financial year, ICDS program is serving 22,00,346 beneficiaries in Telangana. They include pregnant and lactating women and children up to the age of 5 years. Low birth weight, as a significant factor affecting the infants morbidity and mortality, is a critical determinant which has both short term and long term implications on a child's health. The State has performed better than the national average in Stunting, Underweight, and Exclusive Breastfeeding

Practices. It is just under the margin of the national average when it comes to Wasting, Anaemia and Early Initiation of Breastfeeding. In terms of low birth weight, Telangana ranks above the national average, ranking 3rd among the Non-Special Category States and 2nd among the Southern States with 7.14% of the total children being born with a low birth weight .

Question: Telangana faces a problem called the 'triple burden' of nutrition—which is ?

- a) under nutrition,
- b) over nutrition (obesity)
- c) anaemia
- d) All the above

Ans : d

Question: Government interventions have focused largely on addressing problems of under-nutrition.

Globally, there are four outcome indicators to measure undernutrition. What are they ?

- a) underweight,
- b) stunting,
- c) wasting and anaemia.
- d) All the above

Ans : d

Question: In terms of low birth weight, Telangana ranks above the national average, ranking 3rd among the Non-Special Category States and 2nd among the Southern States with _____ of the total children being born with a low birth weight .

Ans : 7.14%

Initiatives influencing Child Health Outcomes

Child Healthcare Services

There are 314 PHCs in the Telangana state that are notified as round the clock Mother and Child Health Care Centres to promote institutional deliveries to reduce child mortality. In addition to this, there are 29 special newborn care units, 46 special newborn stabilization units, and 562 newborn care corners in various government hospitals in the state to reduce infant mortality and improve neonatal care. These units provide care at birth, help in managing sick newborns, resuscitate asphyxiated newborns, follow up on high risk newborns and offer immunization services.

Question: There are _____ PHCs in Telangana state that are notified as round the clock Mother and Child Health Care Centres to promote institutional deliveries to reduce child mortality

Ans : 314

Nutrition Rehabilitation Centres (NRC's)

Undernutrition is an invisible problem. It can jeopardize a child's survival, health, growth and development. To prevent deaths among severely malnourished children under five years of age (0-5), the government has established the NRC under the National Rural Health Mission. They provide nutritional and clinical management services to children with Severe Acute Malnutrition (SAM). There are 12 NRCs functioning in the state, out of which 10 are 20-bedded and 2 are 10-bedded focussing primarily on the tribal areas of the state.

Question: To prevent deaths among severely malnourished children under five years of age (0-5), the Telangana government has established the _____ under the National Rural Health Mission.

Ans: Nutrition Rehabilitation Centre (NRC)

Question: What is provided by Nutrition Rehabilitation Centres ?

Ans : They provide nutritional and clinical management services to children with Severe Acute Malnutrition (SAM).

Kangaroo Mother Care Centres

There are 22 Kangaroo Mother Care (KMC) Centres in the state which offer simple, cost-effective and preventive care to mothers and newborns. This care includes services such as breastfeeding and continuous skin-to-skin contact between mother and newborn, for low birth weight infants. The care improves the overall duration of breastfeeding, and reduces the risk of infections in newborns. It promotes growth and development of the child, increases mother-child bonding, and reduces stress in both mother and child. Out of 1,81,157 admissions in SNCUs, 27,103 newborns were provided care in KMCs between 2015 and December 2020.

Question: How many Kangaroo Mother Care (KMC) Centres are there in Telangana ?

Ans : 22

Question: Kangaroo Mother Care (KMC) Centres offer what ?

Ans : They offer simple, cost-effective and preventive care to mothers and newborns.

b) This care includes services such as breastfeeding and continuous skin-to-skin contact between mother and newborn, for low birth weight infants. The care improves the overall duration of breastfeeding, and reduces the risk of infections in newborns.

c) It promotes growth and development of the child, increases mother-child bonding, and reduces stress in both mother and child.

d) All the above

Ans : d

Decentralized model for production and distribution of Take Home Ration

The Government of Kerala has adopted a decentralized model for production and distribution of Take Home Ration in collaboration with Kudumbashree State Poverty Eradication Mission. Fortification of THR in Kerala was initiated in the year 2016 under Integrated Child Development Services (ICDS) by Women and Child Department (WCD) of Kerala and the United Nations World Food Programme (UNWFP), in collaboration with the Kudumbashree Mission to alleviate high prevalence of anemia and micronutrient deficiencies. A blended food called 'Amrutham Nutrimix', like balamrutham in Telangana, is produced by Kudumbashree groups and is provided to children between the ages of 6 to 36 months.

The modus operandi of Kudumbashree relies on the community, where Community Based Organizations (CBOs) are set up either at the Panchayat, Municipal or Corporation level, with a base unit having Neighborhood Groups (NGHs). The micro enterprises established by Kudumbashree produce Amrutham Nutrimix at the neighborhood group level which has about 5-10 trained members who are local women. With a total of 241 units, these micro enterprises are able to supply the nutrimix to over 5 lakh children enrolled in all 33,115 anganwadi across Kerala. Each child is provided with 3.5 kgs of nutrimix per month. The ingredients in 100 grams of Nutrimix are wheat (45 grams), soya chunks (10 grams), Bengal gram (15 grams), groundnut (10 grams) and sugar (20 grams).

In 2019, the Department of Women and Child Development, Government of Kerala, United Nations World Food Programme (UNWFP) and Kudumbashree Mission went for fortification of Nutrimix by adding 11 micro-nutrients Iron, Vitamin C, Calcium, Zinc, Vitamin A, Thiamine, Riboflavin, Niacin, Vitamin B6, Folic Acid and Vitamin B 12. In addition to meeting the nutritional needs of children, this program has also been successful in empowering women from the local communities by enabling them to become economically independent through the microenterprise model. There has also been a positive reception of the product from mothers and caregivers, noticed by an increase in demand. This decentralized model from Kerala has been demonstrated to be replicable, scalable and sustainable towards achieving the twin goals of tackling malnutrition and empowering women from low socioeconomic groups.

Question : Which Government has adopted a decentralized model for production and distribution of Take Home Ration in collaboration with Kudumbashree State Poverty Eradication Mission ?

Ans : Government of Kerala

Question: What is Amrutham Nutrimix ?

Ans : A blended food called 'Amrutham Nutrimix', like Balamrutham in Telangana, is produced by Kudumbashree groups and is provided to children between the ages of 6 to 36 months.

Question: What are the ingredients in 100 grams of Nutrimix ?

- a)wheat (45 grams), soya chunks (10 grams),
- b)Bengal gram (15 grams), groundnut (10 grams) and
- c)sugar (20 grams).
- d)All the above

Ans : d

Question: In 2019, the Department of Women and Child Development, Government of Kerala, United Nations World Food Programme (UNWFP) and Kudumbashree Mission went for fortification of Nutrimix by adding 11 micro-nutrients. What are they ?

- a)Iron, Vitamin C, Calcium, Zinc,
- b)Vitamin A,
- c)Thiamine, Riboflavin, Niacin, Vitamin B6, Folic Acid and Vitamin B 12
- d)All the above

Ans : d

Initiatives influencing Child Nutrition Outcomes

The Government has taken up several initiatives to positively impact the Child Nutrition Outcomes which are reflective in the reduction of the Child Nutrition Outcome as measured by NFHS-5. Recently, Bhadradi Kothgudem, one of the identified Aspirational Districts conducted a pilot around inclusion of _____ as hot cooked meals through the ICDS Scheme. During November 2021, the district achieved a rank of 9 out of 112 identified Aspirational Districts for its performance in the thematic area of Health and Nutrition, in the country. The initiatives taken by the district towards reducing malnutrition were appreciated by the Honorable Prime Minister during the virtual review of Government of India's Transformation of Aspirational Districts Programme.

Ans : millet based recipes

Supplementary Nutrition Program

Supplementary Nutrition Program or SNP is an important component of the ICDS to tackle malnutrition. This program provides supplementary nutrition to children who visit the Anganwadi Centres between the ages of 3-6 years by providing them hot cooked meals and a snack. Out of the total released amount of Rs. 13,923.44 Crore during 2021-22, until November 2021 around 81% (Rs. 11,276.91 Crore) has already been utilised. Over and above its 50% share in the programmatic budget allocation, the Government for children between 7 months to 3 years there is an additional allocation of Rs. 1.79 per child per day; for children between 3 years to 6 years there is an additional allocation of Rs. 1.96 per child per day; and for malnourished children an additional amount of Rs. 5.75 per child.

Question: Supplementary Nutrition Program or SNP is an important component of the _____ to tackle Malnutrition

Ans: ICDS

Question: This SNP program provides supplementary nutrition to children who visit the Anganwadi Centres between the ages of 3-6 years by providing them what ?

Ans : Hot cooked meals and a snack

In Telangana the kilocalories (kCal) of the food provided, marginally exceeds the minimum requirement of kCal to be provided to children under the SNP program between the ages of 3-6 years as per Government of India's National Food Security Bill, 2013 guidelines. For children who are severely underweight or malnourished (SUW,SAM,MAM categories), the food supplied to children is supplemented by an additional serving, doubling the kCal intake at the centre level.

Under this, one hot cooked meal & snack food for _____ days and eggs for 30 days is provided to children between 3-6 years.

Ans: 25

Balamrutham

For children under the age of three and over 7 months, a calorie-dense weaning food is provided by the Government called Balamrutham, containing wheat, chana dal, milk powder, oil and sugar with fortification of iron, calcium, vitamins and other recommended dietary allowance that children require per day. The recommended quantity is 100 gms which is to be given to children 3-5 times every day. Balamrutham is distributed in packets of 2.5 Kg per child per month. It is distributed on the first day of every month on Nutrition Health Day-1, along with the Balamrutham packet, 16 eggs are provided to children in the age group of 7 months to 3 years per month, and 30 eggs are provided to children in the age group of 3 - 6 years, per month.

Question: For children under the age of three and over 7 months, a calorie-dense weaning food is provided by the Government called Balamrutham, containing what ?

Ans : wheat, chana dal, milk powder, oil and sugar with fortification of iron, calcium, vitamins and other recommended dietary allowance that children require per day

The Telangana Government has also introduced Balamrutham Plus in the state, which is an enhanced nutrition food fortified with additional carbohydrates, proteins and micronutrients for SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) infants. Supervised Supplementary Feeding Program.

Supervised Supplementary Feeding Program is a result-oriented community-based program for management of acute malnutrition.

As per NFHS- 5, 21.7% of children are wasted in the State, out of which 8.4% of children are severely wasted. The Government, with technical and knowledge support from ICMR- National Institute of Nutrition and UNICEF jointly, launched the SSFP program in December 2020.

Question: Supervised Supplementary Feeding Program (SSFP) has been piloted in which two districts a cost effective alternative to facility based care?

Ans: Komaram Bheem Asifabad and Jogulamba Gadwal

Question: Other services under Supervised Supplementary Feeding Program include which of the following?

- a)Anthropometric assessment, medical assessment, appetite test, nutritional treatment,
- b)medicines for SAM children, nutrition and health education, fortnightly SSFP visits AWC,
- c)providing Balamrutham Plus based on the weight of the child, and follow up after discharge from SSFP till the end of six months.
- d)All the above

Ans : d

POSHAN Abhiyaan

Launched in March, 2018 POSHAN Abhiyaan is a flagship program of the Government of India to improve nutritional outcomes for children, pregnant women and lactating mothers. It directs the attention to address the issue of malnutrition, specially to reduce the level of stunting, undernutrition, anaemia and low birth weight in a mission mode. The program is implemented through intersectoral convergence for better service delivery, use of technology (ICT) for real time growth monitoring and tracking of children and women respectively, intensified health and nutrition services for the first 1000 days of the program and mobilisation of people.

All the Anganwadi Teachers in the state have been provided smartphones which they use as a job aid and recording of the information of the beneficiaries on Poshan Tracker.

Question: When Poshan Abhiyan was launched

Ans : in March, 2018

Question: POSHAN Abhiyaan is a flagship program of whom ?

Ans : the Government of India

Question: What is the aim of Poshan Abhiyan ?

Ans : To improve nutritional outcomes for children, pregnant women and lactating mothers. It directs the attention to address the issue of malnutrition, specially to reduce the level of stunting, undernutrition, anaemia and low birth weight in a mission mode

Giriposhana – an innovative approach towards improved nutrition

To improve the nutritional status of the tribal population in Telangana, the Tribal Welfare Department (TWD) in collaboration with Agribusiness and Innovation Platform (AIP), ICRISAT has initiated a project called Giri Poshana, an innovative approach to improve dietary diversity among tribal children and women. The objective of this initiative is to sensitize and provide the tribal communities with affordable and nutritious food products to supplement their existing diet. Improved dietary diversity and overall nutritional intake for children in the age group of 3 to 6 years, and maternal and lactating mothers.

The target beneficiaries are being provided with nutritional food products: (1) Three Ready-to-Cook (RTC) food products - Multigrain meal, Jowar Meal, Multigrain sweet meal; (2) Three Ready-to-Eat (RTE) food products - Peanut- Sesame Chikki, Peanut-Fried gram Chikki, and Jowar Bytes. The products have been developed and validated by ICRISAT and are being produced in Tribal women run FSSAI licensed MSME units. The food products are provided in a combination of two products (breakfast and snack) per day for 6 days in a week at the Anganwadi Centers.

Question: Who has initiated a project called Giri Poshana ?

Ans : To improve the nutritional status of the tribal population in Telangana, the Tribal Welfare Department (TWD) in collaboration with Agribusiness and Innovation Platform (AIP), ICRISAT has initiated a project called Giri Poshana, an innovative approach to improve dietary diversity among tribal children and women

Question: The target beneficiaries are being provided with which nutritional food products?

- a) Three Ready-to- Cook (RTC) food products - Multigrain meal, Jowar Meal, Multigrain sweet meal;
- b) Three Ready-to-Eat (RTE) food products - Peanut- Sesame Chikki, Peanut-Fried gram Chikki, and Jowar Bytes
- c)Both (a) & (b)
- d) All the above

Ans : c

Way Forward

The Telangana Government is committed towards improving the nutrition and health outcomes of women and children through policy reforms, and through innovative and targeted approaches. As part of this commitment, focussed efforts are being made towards addressing health and nutritional issues of adolescents. In this regard, the State has committed to supplying health and nutrition kits to adolescent girls in the coming year. In addition to these, various departments are focusing on convergence to target specific issues plaguing health and nutrition, such as anaemia; improving the e-governance architecture through incorporating changes in the m-anganwadi application to make it more citizen centric, and through effective beneficiary monitoring and feedback to improve the access and quality of service delivery. Parallely, the State Government is also undertaking various activities to improve the capacity building of the existing workforce across levels.